

Best Available Copy

CLAIMS ONLY

Application Number

10/108918

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3	1	2					53					
4	1	3					54					
5	1	4					55					
6	1	5					56					
7	1	6					57					
8	1	7					58					
9	1						59					
10	1						60					
11	1	5					61					
12	1						62					
13	1						63					
14		16					64					
15		11					65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	13						Total Indep					
Total Depend	16	←	←	←			Total Depend	←	←	←		
Total Claims	19						Total Claims					